

Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on the Service Delivery of the Consumer Financial Protection Bureau” (OMB Control Number: 3170-0024)

1. TITLE OF INFORMATION COLLECTION:

eRegulations External Survey

2. PURPOSE:

To learn how users are interacting with the CFPB’s eRegulations tool, and how the user interface can be improved.

3. DESCRIPTION OF RESPONDENTS:

Respondents will include industry compliance officers, consumer attorneys, and others who need to interact with CFPB’s regulations.

4. TYPE OF COLLECTION: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

5. FOCUS GROUP OR SURVEY:

If you plan to conduct a focus group or survey, please provide answers to the following questions:

a. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

Yes No Not Applicable

b. If the answer is yes, please provide a description below. If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The customer list will consist of eRegulation presentation participants, and eRegulations users who have submitted questions and/or comments via the tool’s feedback mechanism.

6. PERSONALLY IDENTIFIABLE INFORMATION:

- a. Is personally identifiable information (PII) collected? Yes No
- b. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No Not Applicable
- c. If Applicable, has a System or Records Notice been published?
 Yes No Not Applicable

7. GIFTS OR PAYMENTS:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

8. ADMINISTRATION OF THE INSTRUMENT:

- a. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media Telephone
 - In-person Mail
 - Other, Explain _____
- b. Will interviewers or facilitators be used?
 Yes No Not Applicable

9. BURDEN ESTIMATES:

Information Collection	Number of Respondents	Participation Time	Burden Hours
Web-based Survey	500	10 minutes	83
Totals:	500	////////////////////////////////////	83

10. **FEDERAL COST:** The estimated annual cost to the Federal government is \$0

11. CERTIFICATION:

By submitting this document, the Bureau certifies the following to be true:

- The collection is voluntary.
- The collection is low-burden for respondents and low-cost for the Federal Government.
- The collection is non-controversial and does not raise issues of concern to other federal agencies.
- The results are not intended to be disseminated to the public.
- Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.
- The results will not be used to measure regulatory compliance or for program evaluation.

